

ARKANSAS STATE BOARD OF EMBALMERS AND FUNERAL DIRECTORS
CREMATORY LICENSE APPLICATION
www.arkansas.gov/fdemb

Office Use Only

License # _____

Date _____

Return Address:

AR. State Board of Embalmers & Funeral Directors
101 E. Capitol, Suite 113
Little Rock, AR 72201

Name of Crematory

Address

State

Zip

Phone ()

Fax ()

E-mail address

Owner

Primary Operators: _____

Description of Structure Where Crematory is Located: _____

Description of Crematory Unit: _____

Age of Crematory: _____

Is there a Mortuary Refrigerator within or connected? _____

Average Cremations per month: _____

Application fee \$50.00

Original Lic. Fee \$35.00

Annual Fee \$50.00

TOTAL DUE: **\$135.00**

SIGNATURE OF OWNER

